REDACTED - FOR PUBLIC INSPECTION Rate Floor Data

Block 1 - Contact Information								
ROW#	DATA ELEMENT	FORMAT OF REQUESTED DATA	RESPONSE					
1	Carrier Study Area Code	6 numeric digits	401144					
2	Carrier Study Area Name	alpha characters	CenturyTel - Central A					
3	Service Provider Identification Number	9 numeric digits	143022332					
4	Residential Local Service Charge Effective Date	mm/dd/yyyy	6/1/2015					
5	Contact Name	alpha characters	Kenneth W. Buchan					
6	Contact Telephone Number (include area code)	9 numeric digits	(318) 362-1538					
7	Sheet number	numeric digit(s)	1					
8	Total Number of Sheets	numeric digit(s)	1					

	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	Column 5 Loops
9	\$ 9.50	NA NA	\$ 0.56	\$ 1.65	
10	\$ 19.15	NA	\$ 0.96	NA NA	
11	\$ 19.15	NA	\$ 0.96	NA	
12	\$ 19.15	NA	\$ 0.96	NA	
13	\$ 19.15	NA	\$ 0.96	NA	
14	\$ 19.15	NÁ	\$ 0.96	NA NA	
15	\$ 19.15	NA	\$ 0.96	NA	
16	\$ 19.15	NA	\$ 0.96	NA NA	
17	\$ 19.15	NA	\$ 0.96	NA	
18	\$ 19.15	NA NA	\$ 0.96	NA_	
19	\$ 19.15	NA	\$ 0.96	NA NA	
20	\$ 19.15	NA	\$ 0.96	NA	
21	\$ 19.15	NA NA	\$ 0.96	NA NA	
22	\$ 19.15	NA	\$ 0.96	NA	
23	\$ 19.15	NA	\$ 0.96	NA	
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of C	Officer as to the Ac	curacy of the Data Reported f	or the Rate Floor Da	ta
I certify that I am an officer of the rep			curacy of the actual rate	floor data
reported; and, to the best of my know				S. 2005
gnature of authorized officer	ntral Arkansas, LLC d/b/a	CenturyLink	Date C	0/1/15
	•		- N	
rinted name of authorized officer David D. Col				
rinted name of authorized officer David D. Col- itle or position of authorized officer Executive	Vice President of Operatio	ns Support and Controller		
		ns Support and Controller		Har - Start